FCC For	rm 481 - Carrier Annual Reporting Data Collection Form	1000 marks (1)		FCC Form 481 OMB Control No. 3060 July 2013	0986/CMB Control No. 3060-0819
<010>	Study Area Code	589001		76	
1/A	Study Area Name	COX RHODE ISLAND TE	ELCOM, LLC	****	
<020>	Program Year	2015		35	WALL I
<030>		Jay Bradbury			
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.co	m		
<b>建位指数</b>	AL REPORTING FOR ALL CARRIERS	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a compression of		54.313 54.422 Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached wor	ksheet)	(Check box when Complete)
<200>	Outage Reporting (voice)		(complete attached wor	ksheet)	
<210>	< check box if no	outages to report			WILLIAM STATE
<300>	Unfulfilled Service Requests (voice)		rfulli :	_	
<310>	Detail on Attempts (voice)				MILL
				(attach descriptive de	ocument)
<320>	Unfulfilled Service Requests (broadband)		45-50	_	
<330>	Detail on Attempts (broadband)			(attach descriptive o	document)
<100×	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed				
<420>	Mobile				
<430> <440>	Number of Complaints per 1,000 customers (broadb	pand)			
<450>	Mobile				
<500>	Service Quality Standards & Consumer Protection Re	ules Compliance	(check to indicate certi	fication)	
<510>			(attached descriptive	document)	
<600>	Functionality in Emergency Situations	1-111	School to indicate costs	Faction 1	
10002	Tunetionality in Emergency Situations		(check to indicate certi)	ication	
			(attached descriptive do	cument)	
<610>					
<700>	Company Price Offerings (voice)	SOUTH STREET	(complete attached wo	rksheet)	
<710>	Company Price Offerings (broadband)		(complete attached wo		
<800>	Operating Companies and Affiliates		(complete attached wo		min
	Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability	(if)	ves, complete attached wo (check to indicate certi)		
			7	5.553195 <b>.7</b> 5	
<1010>			(attach descriptive doc	ument)	
<1100>	Terrestrial Backhaul (Y/N)?	(if	not, check to indicate certi	fication)	WIIII.
<1110>			(complete attached wo		
<1200>	Terms and Condition for Lifeline Customers		(complete attached wo	rksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional I Including Rate-of-Return Carriers affiliated with Pri		<del></del>		
<2000>	and the control of the contro	ce cap Local Exchange	(check to indicate certifi	ication)	
<2005>			(complete attached wor	ksheet)	
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	sheet (check to indicate certifi	ication)	
<3005>			(complete attached wor		

<015> St <020> Pr <030> Co <035> Co <039> Co	Study Area Code Study Area Name	589001	
<020> Pr <030> Cr <035> Cr <039> Cr			
<030> Co		COX RHODE ISLAND TELCOM, LLC	
<035> Co	Program Year	2015	
<039> Co	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<110> H	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	-1
15	Has your company received its ETC certification from the FCC?	(yes / no ) O	
	f your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no ) O O	
<112> A yo	report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your c CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a	
1: pl	Please check these boxes below to confirm that the attached documents(s), on lin 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document
<113> N	Maps detailing progress towards meeting plan targets		
<114> R	Report how much universal service (USF) support was received		
<115> H	How (USF) was used to improve service quality		
<116> H	How (USF)was used to improve service coverage		
<117> H	How (USF) was used to improve service capacity		
	Provide an explanation of network improvement targets not met n the prior calendar year.		

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventativ Procedures
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1502.500	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<701>	Residential Local Service Charge Effective Date  1/1/2014 Single State wide Residential Local Service Charge	

<703>

<a1></a1>	-:: <a2></a2>	<a3></a3>	*	<b2></b2>	<b3></b3>	<b4></b4>	<bs>&lt;</bs>	<c></c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
		-		-				
							ACC THE AMARINA	
							CAT 124 (25 - 12 - 17 W. 52 A.) POLICY	
							1341(6-3043)	
					AND THE PROPERTY OF THE PROPER		The same of the sa	**
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reserved to the same section	Take Called Co.	110000000000000000000000000000000000000	Abb/621103555
(710) Broadband Price Offerings		<b>国际公司</b>	
Data Collection Form			ALC: WHEN THE STATE OF

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

711>	al>	<a2></a2>	cb1>	<b2></b2>	40	<d1></d1>	<d2></d2>	<d3> %</d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
-			-						
-									
		<del>100</del> 0.							

2.

Profession States	erating Companies lection Form				FCC Form 481 DMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		589001	200	
<015>	Study Area Name		COX RHODE ISL	AND TELCOM, LLC	
<020>	Program Year		2015		
<030>	Contact Name - Person	USAC should contact regarding this data	Jay Bradbury		
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	4042699190 ex	t.	
<039>		Email Address of person identified in data line <030>	jay.bradbury	Pcox.com	
<810>	Reporting Carrier	Cox Rhode Island Telcom, LLC			
<811>	Holding Company	Cox Communications, Inc			
<812>	Operating Company	Cox Rhode Island Telcom, LLC			
<813>		ob (		<a2></a2>	<a>3&gt;</a>
		Affiliates		SAC	Doing Business As Company or Brand Designation
		160 s			
		MINISTER STATE OF THE STATE OF			
				- 115	
		19 19 19 19 19 19 19 19 19 19 19 19 19 1			
				10-14	
	10000				

Control of the last of the las	oal Lands Reporting ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013	<b>.</b>
<010>	Study Area Code	589001	
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030		
<039>	Contact Email Address - Email Address of person identified in data line <030	)> jay.bradbury@cox.com	
<910>	Tribal Land(s) on which ETC Serves		,
<920>	Tribal Government Engagement Obligation	Name of Attached Document	i de
If your c	company serves Tribal lands, please select (Yes,No, NA) for each these boxes		
	rm the status described on the attached document(s), on line 920,		
	trates coordination with the Tribal government pursuant to	Select	35.11
	(3(a)(9) includes:	Yes,No,	12
		NA)	387
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		**
<927>	Compliance with Environmental Review processes		19
<928>	Compliance with Cultural Preservation review processes		**
<929>	Compliance with Tribal Business and Licensing requirements.		
	te vas paseroscopratitististi. Vis aleksive erapitiske versitete belledatiskus til il Verligte Kirk i bellinde K		

	Terrestrial Backhaul Reporting ection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	589001	
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

Lifeline	erms and Condition for Lifeline Customers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <03	
<039>	Contact Email Address - Email Address of person identified in data line <03	The contract of the contract o
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website HTTP	Name of Attached Document  http://www.cox.com/residential/phone/lifeline.cox
		ncep.//www.cox.com/residential/ynone/illetine.cox
	heck these boxes below to confirm that the attached document(s), on line 1210,	
	bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

401D Study Area Name	Data Col	rice Cap Carrier Additional Documentation lection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			FCC Form 481  OM8 Control No. 3060-0986/OM8 Control No. 3060-0819  July 2013
### Price Open Certification (47 CFR § 54.313(b)(2))  Price Op Carrier Reaciving Forens Support Certification  2012	<010>	Study Area Code	589001		
CONTRACT Hame - Person USAC Should contact regarding this data	<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC		
Contact Telephone Number - Number of person identified in data line <0300	<020>		2015		
CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting  2010 2 2nd Year Certification (47 CFR § 54.313(b)(1))  3rd Year Certification (47 CFR § 54.313(b)(2))  Price Cap Carrier Receiving Frozen Support Certification  2013 2013 Frozen Support Certification  2013 2014 Frozen Support Certification  2015 5 2015 and future Frozen Support Certification  2016 Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(d))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(d))  2017 3rd year Broadband Service Certification  1019 Intermity Progress Certification  2019 Please check the box to confirm that the attached document(s), on line 2021, contains the required information  2020 Please check the box to confirm that the attached document(s) addresses of community anchor institutions to which began providing access to broadband service in the					
CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2)) Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2012 2013 Frozen Support Certification 2013 2014 Frozen Support Certification 2015 2015 Forzen Support Certification 2016 2016 2016 and future Frozen Support Certification 2016 Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(d)) Certification Support Used to Build Broadband Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd Year Broadband Service Certification Incremental Connect America Phase II support Shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the			4042699190 ext.		4404
incremental Connect America Phase I reporting 2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) 2011> 3rd Year Certification (47 CFR § 54.313(b)(2))  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2012> 2013 Frozen Support Certification 2014> 2015 Frozen Support Certification 2015> 2016 and future Frozen Support Certification 2016> 2016 Force Support Certification 2016> Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(b)) 2017> 3rd year Broadband Service Certification 2019> Interim Progress Certification 2019> Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com		
2010 2nd Year Certification (47 CFR § 54.313(b)(1))  Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))  2012 2013 Frozen Support Certification  2014 2015 Frozen Support Certification  2015 2016 and future Frozen Support Certification  2016 2016 Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(d))  2017 3rd year Broadband Service Certification  5th year Broadband Service Certification  1018 3rd year Broadband Service Certification  2019 Interim Progress Certification  Please Check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the	CHECK to	지근 경기가 있는 것이 있는 것이 집에 그리고 있다면 하는데 하나를 가고 있다면 하는데 하는데 이렇게 되었다. 그 것이 하는데 그리고 있는데 하는데 하는데 하는데 하는데 하나 없다.	그는 살이 얼마가 가는 것이 가는 아름다면 하는 것이 되었다면 하는데 하고 있다. 그 프로그램은 그리고 있는데 하는데 없었다면 없다.		2. TO SEE THE PERSON THE PERSON SEED TO SEE THE PERSON OF
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))  2012		Incremental Connect America Phase I reporting		·	
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}  2012 2013 Frozen Support Certification 2014 2015 Frozen Support Certification 2015 2016 and future Frozen Support Certification Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}  Certification Support Used to Build Broadband  Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)[3)[ii], as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
2012> 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification 2016 Example 1	<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
2013> 2014 Frozen Support Certification 2015 Frozen Support Certification 2015 2016 and future Frozen Support Certification  Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification 1nterim Progress Certification 1nterim Progress Certification 1pursuant to § 54.313 (e)[3](ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			¥
2015 Frozen Support Certification 2016 and future Frozen Support Certification  Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CFR § 54.313(e))  3rd year Broadband Service Certification  5th year Broadband Service Certification Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.					
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  Connect America Phase II Reporting (47 CFR § 54.313(e))  Connect America Phase II Reporting (47 CFR § 54.313(e))  3rd year Broadband Service Certification  5th year Broadband Service Certification  Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a reciplent of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		지어가 되어지면 보다면서 이 숙구를 했다면 하다면 하다면서 하고 있었다면 하는			
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))  Connect America Phase II Reporting (47 CFR § 54.313(e))  Connect America Phase II Reporting (47 CFR § 54.313(e))  2017> 3rd year Broadband Service Certification  5th year Broadband Service Certification  Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.					
Connect America Phase II Reporting (47 CFR § 54.313(e))  Connect America Phase II Reporting (47 CFR § 54.313	<2015>	2016 and future Frozen Support Certification			
Connect America Phase II Reporting (47 CFR § 54.313(e))  <2017> 3rd year Broadband Service Certification  <2018> 5th year Broadband Service Certification  Interim Progress Certification  Interim Progress Certification  Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}			
3rd year Broadband Service Certification \$2018> Sth year Broadband Service Certification \$2019> Interim Progress Certification \$2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2016>	Certification Support Used to Build Broadband			
5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		Connect America Phase II Reporting (47 CFR § 54.313(e))			
Interim Progress Certification   Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2017>	3rd year Broadband Service Certification			
Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2018>	5th year Broadband Service Certification			
pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<2019>	Interim Progress Certification			1996
	<2020>	pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providi	t shall provide the number, names, and		
<2021> Interim Progress Community Anchor Institutions		preceding calendar year.			
	<2021>	Interim Progress Community Anchor Institutions		***************************************	
					II.

	te Of Return Carrier Additional Documentation	FCC Form 481 —
		July 2013 **
<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030>	Jay Bradbury 4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	iav.bradburvecox.com
CHECK t		nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in he information reported on this form and in the documents attached below is accurate.
		1
(3010)	Progress Report on 5 Year Plan	
	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
		Name of Attached Document Listing Required Information
	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year.	
2006/00/00/00		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	195
		Name of Attached Document Listing Required Information
(2012)	P. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Yes/No)
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No)
130		20
Please	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for	
	Telecommunications Borrowers)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ISN Flows
		1
(3017)	If the response is yes on line 3014, attach your company's RUS annual	
	report and all required documentation	1
		Name of Attached Document Listing Required Information
(2010)	If the response is no on line 3014, Is your company audited?	(Yes/No) IOIO
(3018)		
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	2	
(3013)	Either a copy of their audited financial statement; or (2) a financial report in a fi	ormat comparable to KUS Operating Report for Telecommunications
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of C	ash Flows
(3021)	Management letter issued by the independent certified public accountant that	performed the company's financial audit.
(3021)		performed the company a maneral address
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	
	contains:	
(3022)		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a	
	format comparable to RUS Operating Report for Telecommunications	
	Borrowers,	_
(3023)	Underlying information subjected to a review by an independent certified	<u></u>
	public accountant	
(3024)	Underlying information subjected to an officer certification.	noth Floure
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Co	doit Flows
		ı
(3026)	Attach the worksheet listing required information	
(3026)	Attach the worksheet listing required information	

AN ONLY	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC

Study Area Code	589001
Study Area Name	COX RHODE ISLAND TELCOM, LLC
Program Year	2015
Contact Name - Person USAC should contact regarding this data	Jay Bradbury
Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

## Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: COX RHODE ISLAND TELCOM, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/19/2014

Printed name of Authorized Officer: Joiava Philpott

Title or position of Authorized Officer: Vice President, Regulatory Affairs

Telephone number of Authorized Officer: 4042690983 ext.

Study Area Code of Reporting Carrier:

589001

Filing Due Date for this form: 06/30/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

2000 CONTRACTOR	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	589001
<015>	Study Area Name	COX RHODE ISLAND TELCOM, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting			
	certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized at; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer:	Date:		
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	ents on Behalf of Reporting Carrier
	orized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	그런 마시트 그는 이번 그런데 그는 사람들 전기를 가지 않는데 다니다.
Name of Reporting Carrier:		30.00
Name of Authorized Agent or Employee of Agent:		The second secon
Signature of Authorized Agent or Employee of Agent:	- 1,500 - 1,50	Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

Cox Virginia Telcom, LLC

FCC Fo	rm 481 - Carrier Annual Reporting Data Collection Form		0.00	FCC Form 481 DMB Control No. 3060- uly 2013	0986/OMB Control No.	3060-0819
<010>	Study Area Code	199018				
<015>	Study Area Name	Cox Virginia Telcom	rrc			
<020>	Program Year	2015			=0	
<030>	Contact Name: Person USAC should contact with questions about this data	Jay Bradbury			2010	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4042699190 ext.				11/14/2
<039>	Contact Email Address: Email of the person identified in data line <030>	jay.bradbury@cox.com	n.			
ANNUA	L REPORTING FOR ALL CARRIERS				Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting		(complete attached work	sheet)	(check box when c	complete)
822	Outage Reporting (voice)		(complete attached work:			
<210>		outages to report	1.004	10000		WHITE I
<300>	Unfulfilled Service Requests (voice)					10011
<310>	Detail on Attempts (voice)			(attach descriptive do	T I I I	
			11.	I dittacii descriptive do	cumenq	
<320>	Unfulfilled Service Requests (broadband)			7		
<330>	Detail on Attempts (broadband)			(attach descriptive d	ocument)	
<400>	Number of Complaints per 1,000 customers (voice)	1.54-3271.154				
<410>	Fixed					
<420> <430>	Mobile Number of Complaints per 1,000 customers (broads	pand)				
<440>	Fixed Fixed					
<450> <500>	Mobile Service Quality Standards & Consumer Protection R	ules Compliance	(check to indicate certific	cation)		i
			1			
<510>			(attached descriptive o	document)		
<600×	Functionality in Emergency Situations			no Hora V		
<b>1000</b>	Functionality in Emergency Situations		(check to indicate certific	cation)		
			(attached descriptive doc	ument)		
<610>					·	
<700>	Company Price Offerings (voice)		【complete attached work	sheet)	N	
<710>	Company Price Offerings (broadband)		(complete attached work	sheet)		11111
	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	221	(complete attached work	SE14938		
	Voice Services Rate Comparability	(if y	es, complete attached work (check to indicate certific			
<1010>			(attach descriptive docu	ment)	8	
<1100>	Terrestrial Backhaul (Y/N)?	(if	■ not, check to indicate certifi	cation)		WW.
<1110>			(complete attached work	(sheet)	N	11111
3001003350	Terms and Condition for Lifeline Customers	Documentation Medical	(complete attached work	ssheet)		<b>V</b>
	Price Cap Carriers, Proceed to Price Cap Additional I Including Rate-of-Return Carriers affiliated with Pri	SAN NO. STORY W	100			
<2000>	of hetern corners offinder with Fit	to oup total extindinge	(check to indicate certific	ation)		MAI.
<2005>			(complete attached work	sheet)		
<3000>	Rate of Return Carriers, Proceed to ROR Additional	Documentation Works	heet (check to indicate certific	ation)		
<3005>			(complete attached work			1111

	ervice Quality Improvement Reporting illection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	199018	
<015>	Study Area Name	Cox Virginia Telcom LLC	
<020>	Program Year	2015	5-24 1 TH 52-2000 TH 52-24 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com	
<110>	Has your company received its ETC certification from the FCC?  If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no ) O	
<111>	vear plan" filed with the FCC?	(yes / no ) O O	
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service.  Please check these boxes below to confirm that the attached documents(s), on li		Name of Attached Document
<113>	112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.  Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF) was used to improve service coverage	<b> </b>	
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		a

(200) Service Outage Reporting (Voice)	FCC Form 481	
Data Collection Form	OMB Control No. 3060-0986/	OMB Control No. 3060-0819
	July 2013	

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<220>

<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>-</h>
Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative : Procedures
								Action of the second of the se		
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	Outage Start	Outage Start Outage Start	Outage Start Outage Start Outage End	Outage Start Outage Start Outage End Outage End	Outage Start Outage Start Outage End Outage End Number of	Outage Start Outage Start Outage End Outage End Number of Date Time Customers Affected Total Number of	Outage Start Outage Start Outage End Outage End Number of 911 Facilities Date Time Date Time Customers Affected Total Number of Affected	Outage Start Outage Start Outage End Outage End Number of Pate Time Date Time Customers Affected Total Number of Affected Description (Check	Outage Start Outage Start Outage End Outage End Outage End Number of Date Time Outage End Customers Affected Total Number of Affected Description (Check Study Areas	Outage Start Outage Start Outage End Outage End Outage End Number of Date Time Outage End Customers Affected Total Number of Affected Description (Check Study Areas Service Outage

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125000000000000000000000000000000000000	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<701>	Residential Local Service Charge Effective Date 1/1/2014	
<702>	Single State-wide Residential Local Service Charge	

	<a1></a1>	<82>	<a3></a3>	<b1></b1>		        	        	<bs></bs> 655×	, <o *<="" th=""></o>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
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(710) Broadband Price Offerings	# FCC Form 481 sp
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com

<711>

<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<b>(C)</b>	<d1></d1>	<d2></d2>	<d3>**</d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
						20		
		-						
		-						
		100						

100 A 20 A	erating Companies					FCC Form 481 OMB Control No. 3 July 2013	060-0985/OMB Control No. 3060-0819
<010>	Study Area Code		199018				*
<015>	Study Area Name		Cox Virginia	Telcom LLC	- 1111-11	-	**************************************
<020>	Program Year		2015	ASASSIII AMB			
<030>		USAC should contact regarding this data	Jay Bradbury				
<035>		nber - Number of person identified in data line <030>	4042699190 ex	kt.			
<039>		Email Address of person identified in data line <030>	jay.bradbury	@cox.com			
<810>	Reporting Carrier	Cox Virginia Telcom, LLC					***
<811>	Holding Company	Cox Communications, Inc				10.00	
<812>	Operating Company	Cox Virginia Telcom, LLC				Cont.	
<813>		<a>&gt;</a>		<a2></a2>		<a3></a3>	
		Affiliates		SAC	Dois	ng Business As Company	or Brand Designation
3	***************************************	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
	***************************************						(44)
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The second secon	bal Lands Reporting lection Form	PCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060- July 2013	0819
<010>	Study Area Code Study Area Name	199018	
<015> <020>	Program Year	Cox Virginia Telcom LLC	
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury	
<035>	Contact Telephone Number - Number of person identified in data line <03		
<039>	Contact Email Address - Email Address of person identified in data line <03		
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	1
to confi	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select (Yes,No, NA)	9
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		

<929> Compliance with Tribal Business and Licensing requirements.

	D. Terrestrial Backhaul Reporting ection Form	CCF Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030	> 4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <03	)> jay.bradbury@cox.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	**
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	erms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	199018
<015>	Study Area Name	Cox Virginia Telcom LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
<1220>	Link to Public Website HTTP ht	Name of Attached Document  ttp://www.cox.com/residential/phone/lifeline.cox
or the we	heck these boxes below to confirm that the attached document(s), on line 1210, obsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Col	rice Cap Carrier Additional Documentation lection Form Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	199018		
<015>	Study Area Name	Cox Virginia Telcom LLC		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Jay Bradbury		
<035>	Contact Telephone Number - Number of person identified in data line <030>	4042699190 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jay.bradbury@cox.com		
CHECK t	he boxes below to note compliance as a recipient of Incremental Connect Amer support as set forth in 47 CFR § 54.313(b),(c),(d),(	사람들이 아이는 아이는 아이를 하면 있다면 하면 하는데 아이를 하는데 아이를 하는데 아이를 하는데	그 가는 이번에 하는데 이렇게 할 것은 것이 되었다. 얼마를 하는데 하다	: [6] [1] [1] [1] [1] [2] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))			
<2012> <2013> <2014> <2015>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification 2014 Frozen Support Certification 2015 Frozen Support Certification 2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
-2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}			
<2017> <2018>	3rd year Broadband Service Certification		$\vdash$	
<2018>	5th year Broadband Service Certification		$\vdash$	
<2020>	Interim Progress Certification  Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing preceding calendar year.	t shall provide the number, names, and		
<2021>	Interim Progress Community Anchor Institutions			
		Name of A	ttached Document Listing	Required Information